



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

October 29, 2014
System No.: 5403027

Mr. Jim Kral, Forest Manager
CDF – Shake Camp
P.O. Box 517
Springville, CA 93265

RE: Citation No. 03-24-14C-006
Violation of Title 22, California Code of Regulations, Section 64426.1,
For August and September 2014

Dear Mr. Kral:

Enclosed is a Citation issued to the CDF- Shake Camp (Water System) public water system.

The Water System will be billed at the Division's hourly rate (currently estimated at \$126.00) for the time spent on issuing this Citation. The California Health and Safety Code Section 116577 provides that a public water system must reimburse the Division for actual costs incurred by the Division for specific enforcement actions, including but not limited to, preparing, issuing and monitoring compliance with a citation. At this time, the Division has spent approximately one hour on enforcement activities associated with this violation.

The Water System will receive a bill sent from the Division of Drinking Water Fee Billing Unit in August of the next fiscal year. This bill will contain fees for any enforcement time spent on CDF – Shake Camp for the current fiscal year.

If you have any questions regarding this letter and the enclosed citation, please contact the Tulare District office at (559) 447-3300.

Sincerely,

Chad Fischer, P.E.
Senior Sanitary Engineer, Tulare District
SOUTHERN CALIFORNIA BRANCH
DRINKING WATER FIELD OPERATIONS

CJF/TS
Enclosures
cc: Tulare County Environmental Health Department

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER

IN RE: CDF – SHAKE CAMP
Water System No. 5403027

TO: Mr. Jim Kral, Forest Manager
CDF – Shake Camp
P.O. Box 517
Springville, CA 93265

CC: Fresno County Division of Environmental Services
Tulare County Environmental Health Services Department

CITATION FOR VIOLATION OF
CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1
Third Quarter 2014

Issued on October 29, 2014

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Water Resources Control Board (hereinafter "Board"), acting by and through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to the CDF – Shake Camp (hereinafter "Water System") (P.O. Box 517, Springville, CA 93265) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1.

APPLICABLE AUTHORITIES

The applicable statutes and regulations are provided in Appendix A, attached hereto and incorporated by reference.

STATEMENT OF FACTS

The Water System is a transient noncommunity water system serving a population of approximately 50 persons through 14 service connections. Effective July 1, 2014 regulatory oversight for this water system was transferred to the Division from the Tulare County Department of Environmental Health. The Water System currently operates under a water supply permit issued by the Tulare County Department of Environmental Health on August 20, 2003.

The Water System is required to collect a minimum of one distribution system bacteriological sample per quarter. The bacteriological water analysis results submitted by the Water System reported the presence of total coliform bacteria in the quarterly sample collected by the Water System in August 2014. The positive sample did not show the presence of fecal coliform or *E. coli* bacteria.

Upon being informed of the presence of total coliform bacteria in one routine sample collected at Site 3 on August 11, 2014, Water System staff collected a total of four repeat samples on August 14, 2014. Two of the repeat samples showed the presence of total coliform bacteria. Four additional repeat samples were collected on August 18, 2014, and were negative for total coliform bacteria. All distribution water samples for coliform bacteria collected for August and September are summarized in Attachment B.

The cause of the contamination is unknown since no specific source of contamination has been identified. The Water System does not provide continuous chlorination of the distribution system. The Groundwater Rule (GWR) requires the collection of a sample for

1 bacteriological evaluation from the well(s) serving the system in response to a coliform
2 positive distribution sample within 24 hours of being notified of the coliform positive result.

3 According to Water System staff, the Water System was unable to collect a raw water well
4 sample due to the configuration of the horizontal well and lack of raw water sample tap. In
5 lieu of a raw water sample, the Division allowed the Water System to collect an additional
6 distribution system sample along with the other repeat samples.

7
8 The five routine samples required the month following a month with one or more total
9 coliform positive samples were collected on September 22, 2014. Three of the five routine
10 samples showed the presence of total coliform bacteria and *E. coli* bacteria. The Division
11 has not received any follow up sampling for the positive samples collected on September
12 22, 2014.

13
14 Public notification to the Division and consumers of a water system is required whenever a
15 violation of the Total Coliform MCL occurs. Notification to the Division is required by the
16 end of the business day on which the violation has been determined. If the Division is
17 closed, notification shall be within 24 hours of the determination. The Division was notified
18 on August 15, 2014 for the August violation. The Division was not notified of the
19 September violation.

20
21 Public notification of the August Total Coliform Rule failure was conducted on August 16,
22 2014, advising each customer of the failure of the total coliform MCL during the month of
23 August 2014. A copy of the notice that was posted and directly delivered to each customer
24 is provided as Attachment C. Proof of Notification is provided as Attachment D.

25
26 Public notification for the September failure has not been conducted. Attachments E and F
27 are copies of a public notice that the Water System may use to notify its customers. This

1 notice fulfills the total coliform MCL notification requirements and includes the mandatory
2 language. Proof of notification is required.

3 4 DETERMINATION

5 Title 22, CCR, Section 64426.1, Total Coliform Maximum Contaminant Level (MCL)
6 provides that a public water system that collects fewer than 40 bacteriological samples per
7 month has violated the regulation if more than one sample collected during any month is
8 total coliform positive.

9
10 The Division has determined that the Water System failed to comply with Title 22, CCR,
11 Section 64426.1, Total Coliform MCL for the month of August 2014 due to the presence of
12 total coliform bacteria in three of nine samples collected in August 2014.

13 14 15 DIRECTIVES

16 The Water System is hereby directed to take the following actions:

- 17
- 18 1. Comply with Title 22, CCR, Section 64426.1, in all future monitoring periods.
 - 19
20 2. On or before **December 1, 2014** notify all persons served by the Water System of
21 the TCR MCL violation by utilizing the Tier 2 Public Notice for violations of Section
22 64426.1. Public notice shall be given pursuant to Sections 64463.4 [lists method,
23 time-frame and delivery] and 64465 [content & format]. The Water System shall
24 use the public notification template appended as Attachment E to fulfill the public
25 notification requirements. Section 64463.4 allows nontransient noncommunity water
26 systems to give public notice by posting the notice in conspicuous locations
27 throughout the area served by the water system and by the use of one or more of
the following methods in order to reach persons not likely to be reached by a public

posting: publication in a local newspaper or newsletter distributed to customers, e-mailing the public notice to water system customers, post the public notice on the internet, or by delivery to each customer. The Water System shall post the notice in conspicuous locations throughout the area served by the water system.

3. Within ten days of provision of public notification, the Water System shall provide to the Division certification of public notification using the enclosed Proof of Notification form (Attachment F). A copy of the final notice that was posted shall also be submitted to the Division with the proof of notification form.

4. By December 1, 2014, the Water System shall complete and submit the enclosed "Positive Total Coliform Investigation" form to the Division that describes the incident and all corrective actions taken, and the results of the investigation. The appropriate investigation report is provided as Attachment A.

5. By December 1, 2014, the Water System shall submit an updated Bacteriological Sample Siting Plan (BSSP). The BSSP should identify five routine sample sites along with repeat sample sites according to the guidance provided as Attachment G.

The Division reserves the right to make such modifications to the Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California Safe Drinking Water Act or any regulation, standard, permit or order issued thereunder.

1 All submittal required by this Citation shall be submitted to the Division at the following
2 address:

3 Chad Fischer, P.E.
4 Senior Sanitary Engineer
5 State Water Resources Control Board
6 Division of Drinking Water
7 265 W. Bullard Avenue, Suite 101
8 Fresno, CA 93704

7 **PARTIES BOUND**

8 This Citation shall apply to and be binding upon the CDF – Shake Camp, its officers,
9 directors, agents, employees, contractors, successors, and assignees.
10

11 **SEVERABILITY**

12 The Directives of this Citation are severable, and the Water System shall comply with each
13 and every provision thereof notwithstanding the effectiveness of any provision.
14

15 **FURTHER ENFORCEMENT ACTION**

16
17 The California SDWA authorizes the Board to: issue citation with assessment of
18 administrative penalties to a public water system for violation or continued violation of the
19 requirements of the California SDWA or any permit, regulation or order issued or adopted
20 thereunder including, but not limited to, failure to correct a violation identified in a citation or
21 compliance order. The California SDWA also authorizes the Board to take action to
22 suspend or revoke a permit that has been issued to a public water system if the system
23 has violated applicable law or regulations or has failed to comply with an order of the
24 Board; and to petition the superior court to take various enforcement measures against a
25 public water system that has failed to comply with an order of the Board. The Board does
26 not waive any further enforcement action by issuance of this citation.
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10/29/14

Date



Chad Fischer, P.E.
Senior Sanitary Engineer, Tulare District
DRINKING WATER FIELD OPERATIONS BRANCH

CJF/TS

Attachments:

- Attachment A: Positive Total Coliform Investigation report
- Attachment B: Summary of Bacteriological Samples from January 2013 to July 2014
- Attachment C: Public Notice for August 2014
- Attachment D: Proof of Notification Form from Water System
- Attachment E: Public Notice for September 2014
- Attachment F: Proof of Notification Form
- Attachment G: Bacteriological Sample Siting Plan and Guidance



APPENDIX A

Applicable Statutes and Regulations for Citation No. 03-24-14C-006

Section 116650 of the CHSC states in relevant part:

§116650. Citations

- (a) If the Division determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the Division may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).
- (e) The Division may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.

Section 64426.1 of Title 22, California Code of Regulations (CCR) states in relevant part:

§64426.1. Total Coliform Maximum Contaminant Level (MCL).

- (a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the Department or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in §64421(b) and samples collected by the water supplier during special investigations shall not be used to determine compliance with the total coliform MCL.
- (b) A public water system is in violation of the total coliform MCL when any of the following occurs:
 - (1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or
 - (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or
 - (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or
 - (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.
- (c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the Department by the end of the business day on which this is determined, unless the determination occurs after the Department office is closed, in which case the supplier shall notify the Department within 24 hours of the determination. The water supplier

shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraphs (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraphs (b)(3) or (4), pursuant to section 64463.1.

POSITIVE TOTAL COLIFORM INVESTIGATION

Simple Well with Pressure Tank Systems

This form is intended to assist public water systems in completing the investigation required by the Division of Drinking Water (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		PWSID NUMBER:	
Name		Address	Telephone #
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

DISTRIBUTION SYSTEM

SYSTEM RESPONSES

1. What is the minimum pressure you are maintaining in the distribution system?
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 2 of 3

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny).				

POSITIVE TOTAL COLIFORM INVESTIGATION

Page 3 of 3

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: _____

TITLE: _____

DATE: _____

CDF - SHAKE CAMPGROUND**5403027****Distribution System Freq: M****Chlorinator: N****Collected by: Frame**

<i>Sample Date</i>	<i>Time</i>	<i>Location</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>Type</i>	<i>Cl2</i>	<i>Violation</i>	<i>Comment</i>
8/12/2013	10:33	First Faucet	P	A		Routine			
8/15/2013	10:33	First Faucet	A	A		Repeat			Repeat 1 of 1. Was not aware of requirement to collect 4 Repeat samples following a TC+. Explained to Jim Kral of CDF for future reference. No violation at this time.
9/17/2013	7:50	Site #2	<1.1		<1.1	Routine			
9/30/2013									Was not aware of requirement to collect 5 Routines in month following a TC+. Explained to Jim Kral of CDF for future reference. No violation at this time.
5/5/2014	7:44	Site #3	A	A		Routine			

Bacteriological Distribution Monitoring Report

5403027 CDF - Shake Camp

Distribution System Freq: 1/Q

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
9/22/2014	Spigot @ Site #2	>200.5	40.6			Routine			MCL		Non-potable; Citation 03 24-14C-006; DND issued
9/22/2014	Spigot @ Site #3	<1				Routine					Non-potable
9/22/2014	Tank	>200.5	200.5			Routine					Non-potable
9/22/2014	Spigot @ Site #6	<1				Routine					
9/22/2014	Spigot @ Site #8	23.8	<1			Routine					Non-potable
8/18/2014	Site #3	A				Repeat					
8/18/2014	Site #6	A				Repeat					
8/18/2014	Site #8	A				Repeat					
8/18/2014	Tank	A				Repeat					
8/14/2014	Site #3	P	A			Repeat			MCL		Citation 03-24-14C-006
8/14/2014	Site #6	P	A			Repeat					
8/14/2014	Site #8	A				Repeat					
8/14/2014	Tank	A				Repeat					
8/11/2014	Site #3	P	A			Routine					GWR Waived, no sample tap at well.
7/14/2014	Site #3	A				Routine					
6/16/2014	Site #3	A				Routine					

Violation Key

MCL	Exceeds the maximum contaminant level	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR1	No monthly sample for the report month	MR6	No source sample
MR2	No quarterly sample for the report month	MR7	No summary report submitted
MR3	Incorrect number of routine samples for the report month	MR8	Other comments and/or info
MR4	Did not collect 5 routine samples for previous month's positive sample	MR9	Cl2 not reported

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

CDF Shake Camp Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took five samples to test for the presence of coliform bacteria in August 2014. Three of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

We have posted this notice to inform you of the potential problems and are currently in the process of disinfecting the water delivery system. We anticipate resolving the problem within two days.

For more information, please contact Jim Kral, Forest Manager at 559-539-2855 or at the following mailing address: Mountain Home Demonstration State Forest, P.O. Box 517, Springville, CA 93265.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being posted by Mountain Home Demonstration State Forest
Date distributed: August 16, 2014.

PROOF OF NOTIFICATION
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **CDF Shake Camp water system** of the failure to meet the **total coliform bacteria MCL** for the month of **August 2014** as directed by the Division. At least one primary distribution method is required: mail, hand-delivery or posting in conspicuous locations.

Notification was made on August 16, 2014.

To summarize report delivery used and good-faith efforts taken, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☒ The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: notice was hand delivered to the Balch Park Pack Station.
- ☐ Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- ☒ Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). The notice was posted at the bulletin board and at each spigot within the Shake Camp Campground.
- ☐ Email message to employees or students. _____
- ☒ Other method used to notify customers. Campers are being notified by personal communication if they are present in their campsites while we are on patrol.

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: James J Kral, State Forest Manager

Date: August 16, 2014

Signature: _____



Due to the Division of Drinking Water within 10 days of notification to the public
Total Coliform MCL Failure / Enforcement Action No.: In progress

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

**CDF Shake Camp Has Levels of Coliform Bacteria
Above the Drinking Water Standard**

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took 5 samples to test for the presence of coliform bacteria in September 2014. Three of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

[Describe corrective action.] _____ We
anticipate resolving the problem within _____ [estimated time frame].

For more information, please contact _____ [insert name of contact] at
_____ [insert phone number] or at the following mailing address:
_____ [insert business/mailing address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by _____ [system].

Date distributed: _____.

PROOF OF NOTIFICATION

(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **CDF Shake Camp water system** of the failure to meet the **total coliform bacteria MCL** for the month of **September 2014** as directed by the Division. At least one primary distribution method is required: mail, hand-delivery or posting in conspicuous locations.

Notification was made on _____
(date)

To summarize report delivery used and good-faith efforts taken, please check all items below that apply and fill-in where appropriate:

- ☐ The notice was distributed by mail delivery to each customer served by the water system.
- ☐ The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: _____
- ☐ Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- ☐ Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). _____
- ☐ Email message to employees or students. _____
- ☐ Other method used to notify customers. _____

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: _____

Date: _____ Signature: _____

Due to the Division of Drinking Water within 10 days of notification to the public
Total Coliform MCL Failure / Enforcement Action No.: In progress

Division of Drinking Water Visalia District

GUIDELINES FOR COMPLETING THE BACTERIOLOGICAL SAMPLE SITING PLAN FOR SMALL WATER SYSTEMS

The total coliform regulation requires the water supplier to submit a bacteriological sample siting plan to the Division of Drinking Water (Division), Visalia District Office for review and approval. The locations where samples are to be collected must be written down and formally approved by the Visalia District. These guidelines and Attachment 1, "Bacteriological Sample Siting Plan" Form, are to assist you in complying with these requirements.

To comply with the requirements for submitting a Bacteriological Sample Siting Plan, two (2) items must be submitted to the Visalia District at this time.

1. A system map, street map, or system schematic showing all sampling locations must be submitted. The map can be prepared by any system representative. It does not have to be prepared by an engineer. The following are also to be shown on the map:
 - Water Sources (i.e., well or spring)
 - Treatment Facilities (i.e., chlorination)
 - Storage Tanks
 - Pressure Reducing Stations
 - Booster Stations
 - Pressure Zones
 - Dead Ends
 - Service Area Boundaries
 - Routine Sample Sites
 - Repeat Sample Sites
 - Special Sample Sites
2. Complete Attachment 1, the "Bacteriological Sample Siting Plan" form, and **return the system map and form to the Visalia District for review and approval.**

Once the Bacteriological Sample Siting Plan has been approved by the Division, copies should be provided to the person responsible for sample collection, the laboratory and the person responsible for reporting coliform-positive samples to the Division.

Selection of Sampling Sites

The routine sampling sites chosen must be representative of the water distribution system including all pressure zones, areas supplied by each water source and distribution reservoir.

Looped Systems: If your entire water distribution system is looped, then one routine sample point may be representative of your system, assuming valves are open.

Pressure Zones: You should only be concerned about sampling in different pressure zones if your water system serves different areas of varying elevations, for example in mountainous areas.

How many routine sampling sites are required?

A minimum of five (5) routine sampling sites must be selected and indicated on your map and sampling plan form. If your water system is required to collect fewer than 5 routine samples a month, then 5 routine samples must be collected the month following any coliform positive sample. This is the reason for identifying 5 routine sites in your plan.

If the water system is not adequately represented by 5 routine sample locations, you may identify additional locations and collect more than one sample per month. Each site identified should be rotated for sampling at least every three months.

How many repeat sampling sites are required?

For systems normally **collecting one or fewer samples per month**, a repeat sample set consists of four samples (could be greater than four if more than one source is providing water to the distribution) to be collected from the following locations:

- One repeat sample from the same routine location.
- One repeat sample from an *upstream location* (within 5 connections of the routine site).
- One repeat sample from a *downstream location* (within 5 connections of the routine site).
- One repeat sample from the operating well or another location within the system that would best help to identify the source or area of contamination.

The following criteria should be considered when determining where to collect the fourth repeat sample:

- For systems with only one active well and do not provide continuous chlorination, the sample may be collected at the wellhead.
- For systems with more than one active well, it may not be possible to determine which well was serving the area where the positive routine sample was collected. For these systems, the fourth repeat sample should be collected at a storage tank or another point in the distribution system.
- For systems providing continuous chlorination, the system should already be conducting raw-water bacteriological monitoring at a point ahead of chlorination on at least a quarterly basis. These samples should be used to determine if the source of bacteriological contamination is from the well itself. For these systems, the fourth repeat sample should be collected at a storage tank or another point in the distribution system.
- Contact the Visalia District Office for assistance.

For systems collecting **more than one routine sample per month**, a repeat sample set consists of three samples from the following locations:

- One repeat sample from the same routine location.
- One repeat sample from an upstream location (within 5 connections of the routine site).
- One repeat sample from a downstream location (within 5 connections of the routine site).

Note: All active groundwater sources in operation at the time of the coliform-positive sample must also be sampled along with the repeat sample set.

What if the water system does not have enough locations to select the required number of routine and repeat sample sites?

If the water system does not have enough sample locations to identify 5 routine sites and 3 to 4 repeat sites per routine, you may either (1) identify fewer than 5 routine sites as long as the sampling adequately reflects water quality in the distribution system, or (2) use some of the routine sites as repeat sites for other routines (i.e., double up on use of available sites).

Pointers for Sample Site Selection

- When selecting a routine sample site you should be able to select a site upstream and a site downstream for repeat sampling.
- Select a site where the water is used continuously all year round.
- Pick a site that is easily accessible, i.e., a fenced yard with a locked gate and vicious dog is not a good selection.
- When choosing a sampling tap you should consider these factors:
The sampling tap should be located in as clean an environment as possible. It should be protected from contamination by humans, animals, airborne materials or other sources of contamination.

If you choose an outside private tap, it should be one that is in frequent use, clean, and at least 1½ feet (18 inches) above the ground. The sample tap should discharge downward.

If you choose an inside tap, be sure that you are not sampling from drinking fountains; taps that have aerators or strainers, or swivel faucets; or taps off of individual homeowner treatment units.

Do not choose a fire hydrant as sampling tap.

Avoid taps that are surrounded by excessive foliage or taps that are dirty or corroded.

Avoid taps that leak, have fittings with packing, or have permanent hoses or attachments fastened to the tap (Never collect a sample from a hose).

Avoid the use of dead ends for routine sample collection, and use them for repeat samples only if no other sample sites are available and if there is continuous water use from a service off the dead-end.

**Instructions for Completing the
Bacteriological Sample Siting Plan Form**

This form has been designed to include all the requirements for the Bacteriological Sample Siting Plan.

- **Public Water System Classification**
The public water system (PWS) classification for your water system is either community, nontransient noncommunity or transient noncommunity. This classification determines the type and frequency of all water quality testing. If you are uncertain of your classification, contact the Visalia District.
- **Month/Daily Users**
The monthly population determines the frequency of bacteriological sample collection for community water systems. The daily population determines the frequency of sample collection for transient and nontransient noncommunity systems.
- **Active Service Connections (Community water systems only)**

This is the number of active hook-ups served by the system. If your system has a hook-up to a vacant lot, do not count this as an active connection. If a vacant lot has a right to a future connection, do not count this as an active connection. If a residence is connected to the system, but the residence is vacant, count this as an active hook-up.

- **Sampling Frequency**

This is the minimum number of routine bacteriological samples required at the frequency specified. If any routine sample is positive for coliform bacteria, additional repeat samples will be required. Repeat samples are in addition to the required routine samples. If you are uncertain of the routine sampling frequency for your water system, contact the Visalia District.

A coliform-positive sample will increase the routine monitoring for a small system the following month. A system normally collecting less than 5 routine samples per month, which has a coliform positive sample, must collect a minimum of five (5) routine samples the following month.

- **Trained Sampler**

The person collecting samples must be trained.

Sampling Service: Water systems utilizing a certified laboratory or other sampling service for water sample collection will be considered to have trained samplers. Enter the name of the laboratory or sampling service collecting your samples. A copy of the approved Bacteriological Sample Siting Plan should be provided to the laboratory or sampling service, if one is used.

Other Trained Samplers: Any person receiving a certificate from AWWA for attendance of the Water Sampling Training should submit a copy of their certificate along with the completed form. Any other samplers should submit a statement of their experience and training to this office for approval.

- **Analyzing Lab**

Enter the state-certified laboratory, which will be analyzing your water samples.

- **Person Responsible to Report Coliform-Positive Samples to CDPH**

This should be the person that the laboratory is required to contact when a sample is total or fecal coliform positive. This person must notify the Division within 24 hours of a violation of the total coliform standard (more than one positive sample in a month) or when any sample is fecal or *E. coli* positive. This person should have the authority to take corrective action as required by regulation and the Division. This should be the same person listed on your Emergency Notification Plan.

- **Day/Evening Phone Number**

The Division requires that the water system provide the phone numbers of the person listed above so that they can be contacted by the laboratory or the Division at any time during the day or evening in the event of a bacteriological emergency.

- **Signature and Date**

The person preparing the Sample Siting Plan should sign and date the plan. If the Division has questions regarding the sampling plan, this is the person to be contacted.

- **Sample ID**

This should be entered on the laboratory slip when the sample is turned into the laboratory. This is the unique identifier for the water sample location or the location address may also be used. For systems, which have no more than five (5) routine locations, these routine sites will be 1-ROU, 2-ROU, 3-ROU, 4-ROU, and 5-ROU.

For systems collecting one or fewer routine samples per month, a minimum of five (5) routine sampling sites with three (3) repeat sampling sites for each routine sample locations must be listed.

For systems collecting more than one routine sample per month, a minimum of five (5) routine sampling sites with two (2) repeat sampling sites for each routine sample location must be listed. Repeat sample sites are to be located within five (5) service connections upstream and downstream of the routine sample site.

All sample locations should be marked in some way with the Sample ID or location address, i.e., the code painted on the sampling location or tagged with a water proof tag so the person collecting the water sample is sure to collect the water from the correct sample locations.

- **Sample Type**

This describes what type of sample (routine or repeat) is to be collected at this location.

- **Sample Point**

This is the type of the sample location. Use the following abbreviations, when appropriate.

HB	Hose Bib (exterior)
SF	Sink Faucet
PC	Goose Neck Type Copper Tube with Pet Cock

- **Location of Sample Point**

This is the description of the area in the distribution that the sample site is located. Routine sample sites shall not be located at dead ends.

DE	Dead End (Not Recommended)
PZ	Pressure Zone
RD	Representative Distribution

- **Location Address**

This is the actual physical location where the water sample is to be collected. If possible use a street address, i.e., 103 Good Street. If the location does not have a street address, use the nearest crossroads or use the last name of the resident, i.e., "Brown Residence." If the location is a business, please list the business name and address.

When describing the location, keep in mind that the person collecting water samples must be able to locate the sample site from your description.

- **Months Sample Collected at This Location**

This is the schedule for routine samples to be collected. For example, suppose two (2) sites are representative of your systems. Site No. 1 will be sampled in January, March, May, July, September, and November. Site No. 2 will be sampled in February, April, June, August, October, and December. All routine sites identified should be rotated to allow sampling at least every 3 months.

BACTERIOLOGICAL SAMPLE SITING PLAN FOR SMALL WATER SYSTEMS

System No.:		System Name:			
PWS Classification:		No. Monthly Users: Daily Users:		List all Active Sources that may need to be sampled for each Total Coliform Positive:	
No. Active Service Connections:		Sampling Frequency:			
Name of Trained Sampler:		Analyzing Lab:			
Person responsible to report coliform-positive samples to the Division:				Day/Evening Phone No:	
Signature of Water System Representative:				Date:	
Sample ID	Sample Type	Sample Point	Location of Sample Point	Address of Sample Point	Months Sample Collection at this Location
1-ROU	Routine				
1-REP1	Repeat				Repeat Sample Only
1-REP2	Repeat				Repeat Sample Only
1-REP3 *	Repeat				Repeat Sample Only
2-ROU	Routine				
2-REP1	Repeat				Repeat Sample Only
2-REP2	Repeat				Repeat Sample Only
2-REP3 *	Repeat				Repeat Sample Only
3-ROU	Routine				
3-REP1	Repeat				Repeat Sample Only
3-REP2	Repeat				Repeat Sample Only
3-REP3 *	Repeat				Repeat Sample Only
4-ROU	Routine				
4-REP1	Repeat				Repeat Sample Only
4-REP2	Repeat				Repeat Sample Only
4-REP3 *	Repeat				Repeat Sample Only
5-ROU	Routine				
5-REP1	Repeat				Repeat Sample Only
5-REP2	Repeat				Repeat Sample Only
5-REP3 *	Repeat				Repeat Sample Only
If the water system has one or more total coliform-positive samples, at least five routine samples will be collected the following month.					
If chlorine is being used, is it used on a continuous basis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, raw water samples must be taken. Frequency is _____.					
* May be a source sample to satisfy the triggered source monitoring requirement under the Ground Water Rule (if more than one source; designate all sources to be sampled). Please be aware that this designation will count towards compliance with the total coliform MCL (maximum contaminant level).					